

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| PLACE OF DEATH | | ARIZONA STATE BOARD OF HEALTH | |
|---|-------------------------------|--|---------------|
| 1. County <u>Graham</u> | BUREAU OF VITAL STATISTICS | State Index - - - No. <u>102</u> | |
| District <u>Thatcher</u> | ORIGINAL CERTIFICATE OF DEATH | County Registrar's - No. _____ | |
| Town or city _____ | No. _____ | Local Registrar's - No. <u>30</u> | |
| (If death occurred in a hospital or institution, give its NAME instead of street number) | | | |
| 2. FULL NAME <u>Calvin H. Young</u> | | | |
| (a) Residence. No. _____ St. _____ Ward _____ | | | |
| (Usual place of abode) | | | |
| Length of residence in city or town where death occurred <u>1</u> yrs <u>6</u> mos. <u>3</u> ds. How long in U. S. if of foreign birth? yrs. mos. ds. | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3. SEX <u>Boy</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Yes</u> (Write the word) | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | |
| 6. DATE OF BIRTH (month, day and year) <u>Nov 18, 1926</u> | | | |
| 7. AGE | Years <u>1</u> | Months <u>6</u> | Days <u>3</u> |
| IF LESS than 1 day hrs. or min. | | | |
| 8. OCCUPATION OF DECEASED | | | |
| (a) Trade, profession, or particular kind of work <u>Yes</u> | | | |
| (b) General nature of industry, business or establishment in which employed (or employer) | | | |
| (c) Name of employer | | | |
| 9. BIRTH PLACE (city or town) <u>Arizona</u> (State or Country) | | | |
| 10. NAME OF FATHER <u>William D. Young</u> | | | |
| 11. BIRTHPLACE OF FATHER _____ (State or country) | | | |
| 12. MAIDEN NAME OF MOTHER <u>Valie Frank</u> | | | |
| 13. BIRTHPLACE OF MOTHER <u>Utah</u> (State or country) | | | |
| 14. Informant <u>H. D. Young</u> (Address) <u>Thatcher</u> | | | |
| 15. Filed <u>Jan 9, 1928</u> <u>J. H. Stratton</u> Local Registrar. | | | |
| V. S. No. 1 _____ County Registrar. | | | |
| MEDICAL CERTIFICATE OF DEATH | | | |
| 16. DATE OF DEATH (month, day, and year) <u>5/21</u> 19 <u>28</u> | | | |
| 17. I HEREBY CERTIFY, That I attended deceased from <u>5/21</u> 19 <u>28</u> to <u>5/21</u> 19 <u>28</u> that I last saw him alive on <u>5/21</u> 19 <u>28</u> and that death occurred, on the date stated above, at <u>19</u> m. The CAUSE OF DEATH was as follows: <u>Cholera Infantum</u> <u>Enteric Colitis</u> (duration) _____ yrs. _____ mos. <u>21</u> ds. | | | |
| CONTRIBUTORY (secondary) <u>Yes</u> | | | |
| 18. Where was disease contracted _____ not at place of death? <u>Arizona</u> Did an operation precede death? <u>Yes</u> date of <u>Yes</u> Was there an autopsy? <u>Yes</u> What test confirmed diagnosis? <u>Yes</u> Signed <u>H. E. Platt</u> M. D. <u>5/22</u> 19 <u>28</u> . (Address) <u>Thatcher</u> | | | |
| * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) | | | |
| 19. PLACE OF BURIAL, CREMATION OR | | DATE OF BURIAL | |
| 1. MOVIAL <u>Thatcher</u> | | <u>5/22</u> 19 <u>28</u> | |
| 20. UNDERTAKER <u>W. D. Young</u> | | ADDRESS <u>Thatcher</u> | |